PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:									
This declaration is direct									
	The attached application, or								
\boxtimes	Application No. <u>09/878,886</u> , filed on <u>Jun 11, 2001</u> ,								
	as amended on (if applicable);								
I/we believe that I/we a which a patent is sought	m/are the original and first inventor(s) of the subject matter which is claimed and for t;								
I/ we have reviewed an amended by any amend	d understand the contents of the above-identified application, including the claims, as iment specifically referred to above;								
to me/us to be material became available between	uty to disclose to the United States Patent and Trademark Office all information known at to patentability as defined in 37 CFR 1.56, including material information which een the filing date of the prior application and the National or PCT International filing in-part application, if applicable; and								
belief are believed to be statements and the like	erein of my/own knowledge are true, all statements made herein on information and true, and further that these statements were made with the knowledge that willful false are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may f the application or any patent issuing thereon.								
FULL NAME OF INVEN	TOR(S)								
Inventor one: Mark	Christopher Topkin								
Signature:	Citizen of: United Kingdom								
Inventor two: Mark	Andrew Young								
Signature:	Citizen of: United Kingdom								
Inventor three: Olaf i	Norbert Kirchner								
Signature:	Citizen of: Germany								
Inventor four:									
Signature:	Citizen of:								
☐ Additional inventors	are being named on additional form(s) attached hereto.								

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is direc	ted to:
	The attached application, or
	Application No. <u>09/878,886,</u> filed on <u>Jun 11, 2001,</u>
	as amended on (if applicable);
I/we believe that I/we ar which a patent is sought;	n/are the original and first inventor(s) of the subject matter which is claimed and for
I/ we have reviewed and amended by any amendr	understand the contents of the above-identified application, including the claims, as nent specifically referred to above;
date of the continuation-in	ty to disclose to the United States Patent and Trademark Office all information known to patentability as defined in 37 CFR 1.56, including material information which the filing date of the prior application and the National or PCT International filing lepart application, if applicable; and
All statements made here belief are believed to be treatments and the like a jeopardize the validity of the	ein of my/own knowledge are true, all statements made herein on information and ue, and further that these statements were made with the knowledge that willful false punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may be application or any patent issuing thereon.
FULL NAME OF INVENTO	PR(S)
Inventor one: Mark Ch	ristopher Tonkin
Signature:	Citizen of: United Kingdom
Inventor two: Mark And	Irew Young
Signature:	Citizen of: United Kingdom
Inventor three: Olaf Norb	ert Kirchner
Signature:	Citizen of: Germany
Inventor four:	
Signature:	Citizen of:
☐ Additional inventors are be	ing named on additional form(s) attached hereto.
urden Hour Statement: This collection of	additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS

Under the Paperwork Reduction Act of 1995, no persons are required to respond to collection of Information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below ha	ımed inve	entor(s), I/we declare that:					
This declaration	is direct	ted to:					
		The attached application, or					
	\boxtimes	Application No. 09/878,886, filed on Jun 11, 2001,					
		as amended on (if applicable);					
I/we believe that which a patent is		m/are the original and first inventor(s) of the subject matter which is	claimed and for				
		d understand the contents of the above-identified application, includir Iment specifically referred to above;	ng the claims, as				
to me/us to be became availab	materia le betwe	uty to disclose to the United States Patent and Trademark Office all in all to patentability as defined in 37 CFR 1.56, including material in sen the filing date of the prior application and the National or PCT In in-part application, if applicable; and	nformation which				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.							
							
FULL NAME OF	INVENT	TOR(S)					
FULL NAME OF		TOR(S) Christopher Tonkin					
Inventor one:	Mark (Christopher Tonkin					
Inventor one: Signature:	Mark (Christopher Tonkin Citizen of: United Kingdom					
Inventor one: Signature: Inventor two:	Mark A	Christopher Tonkin Citizen of: United Kingdom Andrew Young					
Inventor one: Signature: Inventor two: Signature:	Mark A	Christopher Tonkin Citizen of: United Kingdom Andrew Young Citizen of: United Kingdom					
Inventor one: Signature: Inventor two: Signature: Inventor three:	Mark A	Christopher Tonkin Citizen of: United Kingdom Andrew Young Citizen of: United Kingdom orbert Kirchner					
Inventor one: Signature: Inventor two: Signature: Inventor three: Signature:	Mark A	Christopher Tonkin Citizen of: United Kingdom Andrew Young Citizen of: United Kingdom orbert Kirchner					

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTC/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0851-0032
U.S. Petent and Tredemark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paparwork Reduction Act of 1985, no persons are required to respond to a collection of information unless & displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

⊠Declaration Submitted With Initial Filing

□ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Num	ber	AD6551 US CNT	
First Named Inventor		Mark Christopher Tonkin	
	COA	APLETE IF KNOWN	
Application Number	09/	878,886	
Filing Date	June 11, 2001		
Group Art Unit	172	3	
Examiner Name	Ana	Fortuna	

As a below named invent	tor, I hereby dec	are that:				
My residence, mailing addi	ress, and citizens	hip are as stated	below next to m	y name.		
I believe I am the original invention entitled:	and first inventor	of the subject ma	atter which is cl	aimed and fo	or which a patent is	sought on the
Water Purification App	paratus					
the specification of which	, (Title of the Inventi	ion)			
☐ is attached hereto OR						
was filed on (MM/Di	06/11/	2001	as United State	s Applicatio	n Number or PCT I	nternational
Application Number 09/8	378,886	and was ame	nded on (MM/DD	mm [(if applicable).
I hereby state that I have ramended by any amendm	reviewed and und nent specifically re	— erstand the conte feπed to above.	nts of the above	-Identified s	pecification, includi	ng the claims as
I acknowledge the duty to continuation-in-part application and the nation	cations material	information who	ch became av	sijsbie bera	wen Sum and new	i6, including for te of the prior
I hereby claim foreign pric inventor's certificate, or 3 United States of America patent, inventor's or plant of the application on which	65(a) of any PCT I, listed below an breeder's rights o	' international app d have also iden pertificate(s), or a	plication which (Hilliad below, by	designated t checking ti	ne box, any foreign	application for
Prior Foreign					1 -	opy Attached?
Application Number(s)	Country		n Filing Date /DD/YYYY)	Priority Not Claim		NO
		l l				
		l				_
				0		0 0 0

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Meil Stop: Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility r D sign Patent Application

Direct all correspondence to:)6 OA	☐ Correspondence address below
Name			
Address			
City	State		ZIP
Country	Tele	phone	Fax
I hereby declare that all statements made herein of my own are believed to be true; and further that these statements we made are purishable by fine or imprisonment, or both, undevailedly of the application or any patent issued thereon.	knowledge are true at ere made with the kno er 18 U.S.C. 1001 and	nd that all statements wiedge that wiliful fal that such wiliful false	s made on information and belief the statements and the like so a statements may jeopardize the
NAME OF SOLE OR FIRST INVENTOR:	A petition h	as been filed for	this unsigned inventor
Given Name Mark Christopher (first and middle [if any])		amily Name Tol r Surname	nkin
Inventor's Signature		Date	
		Country	United Kingdom
Residence: City	State	Country	Citizenship
DTI Tec Centre, The Barn, Ripe Lane Mailing Address			
Ripe	Lewes	BN8 BAP	United Kingdom
City	State	Zip	Country
	petition has been	filed for this uns	igned inventor
Given Name Mark Andrew (first and middle [if eny])		family Name Yor Surname	oung
inventor's Makfandre.	Marg	Date	17th NOV 03
Signature			United Kingdom
Residence: City	State	Country	Citizenship
33 Kidderminster Road			
Mailing Address	Warnest and blank	DY12 1BU	United Kingdom
Bewdley	Worcestershire State	Zip	Country
Additional inventors are being named on the 1	umplemental Addition	al inventor(s) sheet(s	s) PTO/SB/02A attached hereto.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Num or Bar Code Li	E. Thirt of Control	39(c			Correspondence ddresa below
Name		t y in the	(Pros		
Address				,	
City	State			ZIP	
Country		Teleph	on e	F	rack
I hereby declare that all statements made herein of my over believed to be true; and further that these statements made are purishable by time or imprisonment, or both, unvalidity of the application or any patent issued thereon.	ware made with th	e knowle	telliby teeft eater	faise st	eternents and the like so
NAME OF SOLE OR FIRST INVENTOR:	A petition	on has	been filed fo	or this	unsigned inventor
Given Name Mark Christophi	er .		lly Name Tourname	onkin	
Inventor's Signature			Date	14	Nowman 20
Residence: City 40465	State State	×	Country	hg)	United Kingdom
Prince: City 4005 S	1				· · · · · · · · · · · · · · · · · · ·
Mailing Address					
Ripa	Lewes		BN8 8AP		United Kingdom
City	State		Zip		Country
NAME OF SECOND INVENTOR: A	petition has be	en file	d for this un	signed	inventor
Given Name Mark Andrew (first and middle (if any))			ily Name Y urname	onu	9
inventor's Signature			Date	•	
	State		Country		United Kingdom
Residence: City 32 Kidderminster Road	1 3 tares				- market
Mailing Address					
Brewdley	Worcestersh	ire	DY12 1BU		United Kingdom
City	State		Zip		Country

POWER OF ATTORNEY OR

09/878,886

Jun 11, 2001

Mark Christopher Tonkin

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Applicati n Number

First Named Inventor

Filing Dat

AUTHORIZATION OF AGENT			Title		Water Purification Apparatus		
			Group Art Unit		1723		
ļ:			Examiner Na	ime	N/A		
			Attorney Do	cket Number	AD 6651 A Cont.		
I hereby app Practition OR	oint: ners at Customer N	Number	23906] ——	* PAT	23906* TENT TRADEMARK OFFICE	
☑ Practition	ner(s) named belov	N:		<u>.</u>		··	
		Name		Re	gistration Number	r	
	J.	. Kenneth Joung			41,881,		
			_,				
		agent(s) to prosecut d Trademark Office o			ove, and to transa	act all business in the	
Please char	nge the correspond	dence address for th	ne above-identi	fied application	ı to:	<u>- </u>	
	ove-mentioned Cus			• •	<u></u>	······································	
OR		<u> </u>					
	ners at Customer N	lumber L			Plac	ce Bar Code Label Here	
OR							
Firm or Individu	al Name				<u> </u>		
Address							
Address							
City			St	ate	ZIP		
Country							
Telephone			F	ах			
I am the:	ant/Inventor.			<u> </u>		·	
Assign	nee of record of the	e entire interest. Se				·	
Сеппс	ate under 37 CFR	3.73(b) is enclosed.	. (Form PTO/Si	B/96).			
	·	SIGNATURE	E of Applicant	or Assignee o	of Record		
Name	Mark Christoph	ner Tonkin					
Signature	n ta	10.16=					
Date	17	20 Sep	tenler	200	1		
NOTE: Signa Submit multi	atures of all the in ple forms if more		es of record o	f the entire int	erest or their rep	resentative(s) ar required.	
Total of	forms are sul	bmitted.					

POWER OF ATTORNEY OR

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0305 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

09/878,886

Jun 11, 2001

Mark Christopher Tonkin

Man Bud Godley Assessing

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Applicati n Number

First Named Inventor

Filing Date

AUTHORIZATION OF AGENT		Title		Water Purification Apparatus			
		Group Art Unit		1723			
		Examiner Na	Examiner Name		N/A		
			Attorney Do	cket Number	AD 6651 A Cont	•	/
I hereby app Practition OR		stomer Number	23906]	1	*23906* ATENT TRADEMARK OFFICE	-
☑ Practition	ner(s) name	ed below:					
		Name		Re	gistration Number	er	
		J. Kenneth Joung			41,881,		
						 	
	· · · · · · · · · · · · · · · · · · ·						
as my/ United	our attorne States Pat	y(s) or agent(s) to prosectent and Trademark Office	ute the application	on identified ab ewith.	ove, and to trans	sact all business in the	
Please char	nge the cor	respondence address for	the above-identi	fied application	to:		-
1		ned Customer Number		• •			
OR				 1			
☐ Praction	ners at Cus	tomer Number			Pla	ace Bar Code Label Here	
OR							
Firm <i>or</i> Individu	al Name						
Address							
Address							
City			Si	ate	ZIP		
Country							
Telephone			F	ax			
I am the:							
Applic	ant/Invento	or.				•	
Assign Certific	nee of reco	rd of the entire interest. S 37 CFR 3.73(b) is enclose	ee 37 CFR 3.71 d. (Form PTO/S	B/96).			
		SIGNATUR	RE of Applicant	or Assignee o	of Record		
Name	Mark Ar	ndrew Young		······································		···	
Signature	N	A					
Date	161	08 01					
NOTE: Signa Submit multi	atures of a		ees of record o	f the entire int e b low*.	erest or their re	presentative(s) are require	ed.
☐ *Total of		s are submitted.	· · · · · · · · · · · · · · · · · · ·				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

POWER OF ATTORNEY OR

Total of

forms are submitted.

PTO/SB/81 (02-01)

09/878,886

Jun 11, 2001

Mark Christopher Tonkin

Water Purification Apparatus

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Number

First Named Inventor

Filing Date

Title

Seaminer Name N/A N/A	AUTHORIZATION OF AGENT			Title		Water Purification Apparatus		
I hereby appoint: ☑ Practitioners at Customer Number ☑ Practitioner(s) named below: ☐ Name ☐ Registration Number ☐ J. Kenneth Joung ☐ 41,881, ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). ☐ Signature ☐ August 7, 2001 ☐ Nother Signature of August 7, 2001 ☐ Nother Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required. ☐ Nother Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. ☐ Nother Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. ☐ Nother Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. ☐ Nother Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	AUTHORIZATION OF AGENT		Group Art Ur	nit	1723			
I hereby appoint: □ Practitioners at Customer Number OR □ Practitioner(s) named below: Name						N/A		
Practitioners at Customer Number 23906				Attorney Dor	cket Number	AD 6651 A Cont.		
Name Registration Number J. Kenneth Joung 41,881, as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number OR Practioners at Customer Number OR Firm or Individual Name Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	☑ Practition OR	ners at Cus	<u> </u>	23906]			
J. Kenneth Joung 41,881, as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to:	☑ Practition	ner(s) name	ed below:					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number		<u></u>	Name		Re	gistration Number		
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number OR Practioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.		<u> </u>	J. Kenneth Joung			41,881,		
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number OR Practioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.		Γ						
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number OR Practioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.		<u> </u>						
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number OR Practioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.								
The above-mentioned Customer Number OR □ Practioners at Customer Number OR □ Firm or Individual Name Address City State I am the: □ Applicant/Inventor. □ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature Oate August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	as my/ United	our attorne	≥y(s) or agent(s) to prosecut itent and Trademark Office (te the applicatio	on identified ab ewith.	ove, and to transact all b	usiness in the	
The above-mentioned Customer Number OR □ Practioners at Customer Number OR □ Firm or Individual Name Address City State I am the: □ Applicant/Inventor. □ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature Oate August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Please char	nge the cor	rrespondence address for th	ne above-identif	fied application	n to:		
Practioners at Customer Number OR Firm or Individual Name Individual Name	☑ The about					-		
OR Firm or Individual Name Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.					一			
Firm or Individual Name	_	iers at Cus	tomer Number			Place Bar Ud	ode Label Here	
Individual Name Address Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7. 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	OR				<u></u>	-		
City State ZIP Country Telephone Fax I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7. 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	_	ıal Name						
Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Address		·					
Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Address							
Telephone Fax I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7. 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	City			Str	ate	ZIP		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Country							
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Telephone			F	ax			
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	I am the:							
SIGNATURE of Applicant or Assignee of Record Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Applic	:ant/invento	or.					
Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Assign Certific	nee of reco	rd of the entire interest. Seg 37 CFR 3.73(b) is enclosed	e 37 CFR 3.71. J. (Form PTO/SI	B/96).			
Name Olaf Norbert Kirchner Signature O. Kirchner Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.						of Record		
Signature O. Kirchne Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Name	Olaf No						
Date August 7, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Signature							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Date	^						
	NOTE: Signa	atures of a	all the inventors or assigned	es of record of	f the entire inf	terest or their represent/	ative(s) are required.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.